

Jessica Hatcher-Moore is a non-fiction writer who has won awards for her reporting on women in conflict, women's rights and global health issues. Born in Shropshire, she was educated at Oxford University and now lives in North Wales. *@jessiehatcher* on Twitter and *@jessiejanehatcher* on Instagram.

# AFTER BIRTH

What Nobody Tells You –  
How to Recover Body and Mind

JESSICA HATCHER-MOORE



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general guidance on its subject and is not meant to be treated as a  
substitute for qualified medical advice. Always consult a medical  
practitioner before starting, stopping or changing any medical care.  
Many of the women cited in this book chose not to use their  
real names and so have been given pseudonyms instead.

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## Introduction

When my midwife estimated that our baby would weigh around seven and a half pounds, I punched the air in delight and silently praised my husband's genes. I come from a family of small, slim-hipped women who make whopper babies; seven and a half pounds was going to be a cinch. Feeling confident, I trained a laser focus on the birth. When we eventually got there, ten days late, I treated it like an athletic event that my years of cross-country and marathon running had prepared me for. The main difference was that it was now my husband, Philip, not my parents, shouting 'GO, Jess!' from the sidelines.

After 19 hours from start to finish, the baby came out and we all sank into a collapsed scrum, me clutching our precious baby to my chest and Philip somewhere beneath us. I felt ecstatic with relief: we did it, it's over. I shut my eyes, sobbing with happiness and delighting in the respite. 'Do you want to know what you've got?' the midwife asked, cutting short our reverie. I opened my eyes to see two midwives peering at us from between my thighs with curiosity.

It's a baby, I thought – a healthy baby. And then I remembered there was more to it. I obediently raised my head to see. 'It's a boy!' the midwife said, having run out of patience, and I lay back again to take in the news.

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At some point after I pushed out the placenta (I'd forgotten there was an Act II), I became aware of the midwives' heads gathered again at the business end. Reality sunk in and I chastised myself for not thinking about the aftermath; labour had banished all logical thought from my mind. I'd barely had time to imagine what horrors might have befallen my vagina when the senior midwife announced there was no need for stitches – I had just a graze.

Relief once more, followed by curiosity. I knew about knees and elbows, but a grazed vagina? How? Did the baby have rough edges? Would it scab? Adrenaline coursed through my veins, keeping the pain at bay. Childbearing is glorious, I thought.

Then I put a hand down to feel my freshly grazed nether regions and almost fainted with surprise. My first thought was that there was another baby on its way, which the midwives had somehow failed to notice. My once-neat, inverted parts felt somehow bulging and elephantine. I was convinced there was a head there. Dazed, I checked that the baby was still cradled in my arms. He was – and was busy appraising me with his dark, almond-shaped eyes. So what was it? And how was I supposed to sit on it? It suddenly became clear that my physical ordeal was far from over. At the midwife's suggestion I took a bath and, as I lay back in the scarlet water, felt terrified for the first time.

\*

The physical changes that result from pregnancy and childbirth encompass the wondrous, the debilitating and the downright weird. It can be like puberty all over again, with brand new bodily functions and hormones going haywire.

Women often describe this as one of the most exquisite periods in their life, with the irreplicable joy of getting to know a new human. But many also consider it one of the hardest times. For a lot of women, the shift to motherhood is the most significant mental and physical transition they're ever likely to undergo. And, in terms of your journey as a parent, it's just the prologue – the story is only beginning.

Childbirth itself can lead to a trail of physical and mental consequences that most women are unprepared for, and the gap between expectation and reality can make it hard to bear. We don't tell expectant mums that they won't necessarily love their babies immediately, that their bodies may change forever, or that up to half of them will have bladder problems even a year after the birth. We don't say there's a one in ten chance that a woman will damage the muscles of her anus during childbirth. And we don't say that as many as half of all women will experience a prolapse at some point in their lives (when the bladder, bowel or uterus drops down), likely caused by childbirth. This fallout is often described as the last taboo; most women only discover the truth when they become a medical statistic, and they often keep their problems to themselves rather than sharing them.

Instead of raising our voices about these issues, too many women accept them as the price we pay for our children, even though birth injuries are just that – injuries, which need to be fixed, and not viewed as inevitable consequences of childbirth. As a result, women are not only unprepared for problems, they are also unaware of all the therapies and treatments available that can help. Around the world, women's health is undergoing a revolution, with more and more women and men dedicating their lives to improving it. Today, no matter what the issue, there is someone who is

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equipped to understand, and someone who is equipped to help.

Childbirth in the UK has never been safer; stillbirth rates are decreasing and maternal mortality is becoming ever rarer. Unfortunately, however, the incidence of interventions and serious birth injuries is rising. No one knows exactly why; it's possibly because diagnostics are improving so we're recording more of these incidents, but critics blame our state maternity care, which, although it employs many dedicated individuals, is beset by budget cuts and staffing shortfalls that impact the quality of care. Eight in ten midwives say they don't have enough staff to run a safe service; their warnings must not go unheard. Critics also argue that the system can fail to recognise or pay adequate attention to what the woman goes through; a 'successful' vaginal birth, for example, includes one in which the mother is injured and unable to walk for weeks afterwards.

It's not just shortcomings in our health system but also societal factors that are to blame. We are heavier than ever – roughly 30 per cent of women in the UK are obese – which puts more strain on the muscles that support our pelvic organs and raises our chances of complications and interventions. Eating a balanced and nutritious diet while the baby is in your womb could break the cycle: it is thought to reduce the risk of your child becoming obese later in life. While this knowledge alone may not help women lose weight, it could motivate them to make better choices, or motivate others to help them to do so.

Perhaps the most significant change is that we are having children ever later. In 2000, the average age of a first-time mum was twenty-eight and a half, and by 2018 it had increased by more than two years; we are having our babies at an older

age every year. The chance of complications and interventions increases with age, and the body becomes more prone to injury and less efficient at recovering. This is another reason why we need better access to the many existing channels of help.

On top of this, we are asking more of our bodies than women before us. No woman born into my grandparents' generation ever ran a marathon. (It was only in the 1970s that marathon organisers first allowed women to take part; until then, sports scientists didn't think their bodies capable of it.) And we are living longer to see minor problems worsen. A lot of expectant mums have no idea that pregnancy and delivery-related issues may only become symptomatic during or after the menopause. When problems like incontinence and prolapses do emerge, they can be treated, mostly without invasive procedures, if we can treat them in a timely manner.

Psychologists believe that the mental transition to motherhood is also getting harder. The job of mothering can feel like drudgery at times. Women with professional identities, in particular, can feel they have a lot to give up, while others struggle with the pressure to get back to work. We've also been adults for longer, so we have established our roles and routines. It seems counter-intuitive but the more proficient you are when you become a mother, the harder you may find it. In my case, life before babies tricked me into thinking that men were my equal; after the baby arrived and it was just the two of us, I felt like I understood feminism for the first time.

Lastly, we have moved away from family members who traditionally would have supported us. Wisdom that was once passed down by female relatives is not always shared. And, even if our parents are nearby, they may still be working.

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Our society today champions individualism, competition and getting to the top – values that are hard to square with the first weeks and months of motherhood, when those who are able to cede control and accept imperfection are often the ones who do best. Although I can now see that making a child is the most empowering and meaningful thing I've ever done, it's taken a good couple of years for me to realise it.

\*

Given the increased appetite for support during the post-natal period, you would think that care would be improving – but it's not that clear-cut. We have replaced the long hospital stays of earlier generations not with what women today want – access to physiotherapy, gynaecologists and mental health support – but with a void. The postpartum period is so neglected it's known as the Cinderella of maternity services, and this chronic lack of investment means that childbirth and recovery are not just feminist issues but political ones, too. The cuts are everywhere: there are no women's health physios on labour wards anymore, the six-week check with a doctor or nurse is rushed (if you get one at all), doctors, nurses and midwives are stretched beyond belief, and waiting lists for specialists can run into years or require you to travel hundreds of miles for treatment.

It is, however, within our power to reverse this downward trend, and you can help: by speaking out and demanding better for yourself and your children; badgering GPs and MPs and treating your pelvic floor exercises like a religion.

Before moving to North Wales, I lived in Nairobi, Kenya, where I worked as a foreign correspondent and spent most of my time on the road covering the conflicts and crises of East

Africa. I interviewed the most extraordinary women imaginable: teenagers raising the children of their rapists, women recovering from birth with no clean water let alone nappies, and mothers bringing up children in isolation, ostracised by a taboo birth injury called a fistula that had left them leaking urine for life.

I learned how devastating women's health problems can be, but also how resilient women are in the face of adversity. Not once did it occur to me that the mothers I knew back home might have faced comparable, albeit less acute, challenges. Naively, I thought leaking wee for months on end affected mothers who couldn't access healthcare, not me. I had no idea that there are women across all social strata in the UK who endure pain for years after childbirth. For some reason, I even imagined that women who stayed at home cooking, cleaning and caring for babies after their husbands departed each morning with kiss and a 'good luck' were not like me. When I married Philip, a photographer I'd met while covering the civil war in Somalia, I was a woman thriving in a man's world; I thought gender inequality didn't affect me. After we retreated to the hills of North Wales and had a baby, however, I realised how naive I'd been.

It was only after my baby emerged weighing 9lb and 5oz that my husband discovered he had weighed 9lb and 11oz at birth. At first, I was delighted; I thought I'd nailed it – a giant baby, and no stitches! Not once did it occur to me that I might be left with an embarrassing condition that my GP later described as 'normal' when I asked her for help six months later; whenever I jogged, sneezed, laughed or coughed unexpectedly, I did a mini wee.

The postnatal period is unavoidably biological, from the baby blues to the big boobs, the let-down to the inability

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to let go. I'd learned a lot about my mental health during my twenties and early thirties, but for some reason I struggled to apply what I knew when I needed it most as a new mother. My body with its limitations was one problem. I struggled without the endorphins and freedom I used to get from running. Claustrophobia set in. I bristled at my body's weakness; I could barely walk a mile without having to squat behind a bush. But then I also loved my body for what it had achieved. Becoming a mother is a very confusing time indeed. Resentment kicked in when Philip started leaving us every morning to renovate the cottage we'd just bought. I felt he had no idea what I was going through and, when he struggled, or just wanted some time with me alone, I resented him again for being another thing that needed me.

It was partly vanity that led me to the icy, late-autumn waters of the River Dee, which rushes below our house. I needed something to remedy the private humiliation of my physical weakness – I wanted to feel strong – so I started hurling myself into its torrent of snowmelt that runs off the mountains of Snowdonia. I swam in October, November, December, January; it was the winter of 2017, one of the coldest in years, and I swam with snow on the banks, ice underfoot and as graupel – ice-encrusted snow – fell around me. It was the perfect tonic. Every swim charged me with endorphins and adrenaline, cost nothing, took minutes (sometimes seconds) and needed no fitness, but made me feel joyously, outrageously alive, as free as the buzzard that wheeled overhead. I'm not saying all new mums should throw themselves into the nearest river to cure their post-partum woes, but we do all need to find the thing that keeps us, uniquely, sane. And then cling to it.

\*

In this book, I focus on the weeks, months and – for some – years that follow birth, when you're locked into the most challenging but rewarding endurance race imaginable. Child-birth made me look at every mother with new-found respect, but in hindsight it is really just the sprint that gets you out of the starting blocks. There is no finishing line, medal or cheering crowd in this race – most of the time you're just plodding along – but the highs easily outweigh the lows, so you set your jaw and lean into the headwinds, as the extraordinary little person you have created starts to emerge.

It was a few months after my son was born that I first started asking other women about their postpartum experiences and discovered this pandemic of silent struggles, unaddressed trauma and physical hurdles that I felt was making motherhood so much harder than it needs to be. What I had experienced was just the tip of the iceberg. And I became outraged by what women around me were suffering, often without any professional support.

The legacy of one woman's birth left her in pain for years. When a doctor eventually examined her, he described her vagina as 'a bit flippy floppy' and her confidence bottomed out. Another woman went into labour convinced that it was a process her body was perfectly designed for. The expectation versus the reality – a traumatic episiotomy (a surgical cut to aid delivery) – sent her spiralling into postnatal depression. Another had an undiagnosed tear that damaged her rectum. For months, she received no guidance and had to beg her GP to examine her. What is the cost of such an experience to a new mother, I wondered? And what is the long-term cost to the State and the NHS of these problems going untreated?

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Being unable to control your bladder or bowel affects two in three nursing-home residents, and is considered one of the top reasons for admission to full-time care. Our short-termist approach to postnatal rehabilitation is not only costing women their dignity, but also costing the welfare system billions of pounds.

Six months after my baby was born, I travelled to Bordeaux and discovered that the French treat pelvic floors after childbirth like the British would a disabling knee injury. Every new mother, no matter how she gave birth, sees a consultant and is sent to a specialist physiotherapist for a course of sessions that involve bespoke exercises, electric muscle stimulation and biofeedback to ensure the complete 're-education' of her pelvic floor, while another specialist rehabilitates her abdominal muscles. When I learned about the French approach, I felt staggered by the disservice we do women in the UK.

Attitudes here are changing and the taboo is fading. More women actually know what they look like down below, for a start. But there are fresh challenges. We see airbrushed images of postpartum celebrities showing off washboard stomachs weeks after giving birth. More women than ever are requesting cosmetic surgery on their vulvas. And, because postnatal healthcare is neglected, women are bypassing their doctors to seek solutions on their own, becoming vulnerable to well-meaning but misinformed peers, celebrities and quacks. I had one rule in pregnancy: never google symptoms, because I invariably just search for the answer I want. I mostly stuck to it, but when the baby arrived I was online again, anxiously searching 'haemorrhoids' or 'prolapse' because personal experience dictated that I would not get what I needed from my GP.

The postpartum period is defined by changes – to your body, your life, your relationships and your coping strategies. To keep up with these, you do need information. But you need good information. This book provides that. It is unbiased (I have no stake in the healthcare industry), evidence-based, and includes the opinions of hundreds of experts from diverse disciplines. It is also – I hope – a friend to whom you can turn when you're feeling unsure. I share my own stories and those of other mothers to remind you that you're not alone. These women tell their stories with characteristic guts and humour, and it was their strength and honesty that initially fired up the reporter in me. Among them are some of the most impressive women I know – human rights lawyers, doctors, and the founders and CEOs of businesses. If they aren't getting the help they badly need, how are postpartum struggles affecting the most vulnerable and marginalised in our society? As with so many women's health issues, there is almost no research on the subject.

One of the most common criticisms I encountered of the book's premise was: 'Won't it put women off having children?' I don't think so. Having children may be one of the hardest things you'll ever do, but no woman that I've met questions whether it was worth it. They would just like to have been better prepared. As one pelvic health physiotherapist told me, you never meet a woman who is cross at having been over-prepared for this beautiful and formative time in her and her baby's life, only under-prepared. 'Confidence is knowing the truth,' she said.

Before a knee operation, consultants detail all the risks and describe the recovery process so that patients can make informed decisions and, if something goes wrong, be braced for it. Why is it so different for childbirth? In a recent UK

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study, midwives told expectant mums at 36 weeks all about the risks of vaginal childbirth, including the rates of serious tears that damaged the anus, versus the risks of a caesarean. Many expected it to cause the caesarean rate to rise – but it stayed the same. The hypno-birthing mantras that celebrate our bodies' ability to give life through this natural process are not at odds with the fact that, more often than not, childbirth is somehow medicalised – and it's condescending to assume women can't comprehend that duality. The 37 trillion cells that make up a woman's body are arranged with awe-inspiring perfection, but this doesn't make our bodies invulnerable to injury.

I want women in future generations to talk and read as much, if not more, about the postpartum period as they do about pregnancy and birth. Whatever your birth is like, you will need a lot of support afterwards – particularly if you have twins or more. Surround yourself with people to help you, and information you trust. You don't need to read this book cover to cover; read the parts that apply to you now, then save the rest for reference later.

In part one, the first chapter describes the phenomenal feats of human reproduction. The following two chapters are written for women who want to know what they can do before birth to prepare. Part two is arranged by body part and deals with the first six weeks postpartum, and part three, again arranged by body part, covers the longer-term effects of pregnancy, childbirth and motherhood. The final section is written for partners, to help them understand what women go through postnatally, to better understand what they themselves might be going through, and to put them in a stronger position to help.

You may not – and I hope you don't – encounter any of

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the problems I discuss in the book, but if you do, I hope the information included here helps you to spend more time enjoying yourself and less time worrying as you ride the highs and lows of pregnancy and motherhood. It is the book I'd give to my sister and to my daughter, and the book I wish my mother had given to me. I hope it will empower women of all ages to know themselves better and to seek the best for their minds and bodies. And it comes with a personal guarantee: if something peculiar, uncomfortable or traumatic is going on with you, then there's another woman, somewhere, experiencing the same thing.